



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

| | |
|----------------------|--------------------|
| Application Number | 09/840,743 |
| Filing Date | April 23, 2001 |
| First Named Inventor | Fischer, Robert L. |
| Group Art Unit | 1638 |
| Examiner Name | Not yet assigned |

Attorney Docket Number

02307O099910

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ENCLOSURES (check all that apply)

| | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Response | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Return Postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | Statement Under 37 CFR 3.37(b) w/copy of assignment attached (NOT for recordation) |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | Remarks |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | |
|--------------------------|---|--|
| Firm and Individual name | Townsend and Townsend and Crew LLP Matthew E. Hirsch | |
| Signature | | |
| Date | October 8, 2001 | |

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

October 8, 2001

| | | | |
|-----------------------|-----------------|------|-----------------|
| Typed or printed name | Joy M. Marshall | | |
| Signature | | Date | October 8, 2001 |